

Facility Construction/Expansion Evaluation

Facility Construction/Expansion Evaluation						
Name of Permanent Facility:						
Site Contact Name / Title:				Phone Number:		
Facility Address:				Email Address:		
City:		Zip Code:		Service Area in Square Miles:		
Program Service Area:						
Physical Description (include digital photos if available)						
Consolidation Site: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lot Size:		Building Size:		New/Existing Construction <input type="checkbox"/> New <input type="checkbox"/> Existing
Type of Construction (check all that apply):		<input type="checkbox"/> Concrete Block <input type="checkbox"/> Metal Frame <input type="checkbox"/> Pre-Fab <input type="checkbox"/> Other: Include in Comments		<input type="checkbox"/> Concrete (tilt up) <input type="checkbox"/> Wood Frame Comments		
Location of facility and zoning (transfer/landfill/city yard, etc.)		<input type="checkbox"/> Industrial Area <input type="checkbox"/> Transfer Facility <input type="checkbox"/> Landfill <input type="checkbox"/> MRF <input type="checkbox"/> Corporation Yard <input type="checkbox"/> Fire Department <input type="checkbox"/> Private Land <input type="checkbox"/> Public Land <input type="checkbox"/> Other: Include in Comments			Comments	
Project cost (approximate): Breakdown: planning, permitting, building, civic improvements (grading, water, sewer, street improvements, etc), and equipment costs						
Item>>>	Planning	Permits	Building	Civic Improvements (grading, water, sewer, streets, etc.)	Other / Miscellaneous	TOTAL
Amount>>>						\$0.00
Operational Description number of employees, duties, services offered, job descriptions if available - also whether HHW, ABOP collection, swap area, etc.)						
Number of Employees:			Swap / Re-use Area:		<input type="checkbox"/> YES <input type="checkbox"/> NO	Satellite Collection Facility: <input type="checkbox"/> YES <input type="checkbox"/> NO
Job Titles / Descriptions:						
Number of Days Open per Month:			Operating Days / Hours:			
Who is the Operator: <input type="checkbox"/> Local Government <input type="checkbox"/> Private Owner <input type="checkbox"/> Other (include):						
Percentage of waste collected from:		CESQG %:		Household %:		CESQG Fees Collected: <input type="checkbox"/> YES <input type="checkbox"/> NO
Is a copy of your Operation Plan available?: <input type="checkbox"/> YES <input type="checkbox"/> NO		Who to contact for a copy?				
Name/Phone # of Architect / Design firm / General Contractor:						
Blueprints or Design Specifications are attached				<input type="checkbox"/> YES <input type="checkbox"/> NO	Firm:	
Hurdles or obstacles encountered in getting project started, during construction, completing the project (permitting, site selection, etc.)?						
Site selection: <input type="checkbox"/> YES <input type="checkbox"/> NO Environmental Justice: <input type="checkbox"/> YES <input type="checkbox"/> NO Financing: <input type="checkbox"/> YES <input type="checkbox"/> NO Lack of experience: <input type="checkbox"/> YES <input type="checkbox"/> NO Regulatory process (CEQA): <input type="checkbox"/> YES <input type="checkbox"/> NO Unsure of Need: <input type="checkbox"/> YES <input type="checkbox"/> NO Preparing Proposal: <input type="checkbox"/> YES <input type="checkbox"/> NO Reviewing Bids: <input type="checkbox"/> YES <input type="checkbox"/> NO		Construction Delays <input type="checkbox"/> YES <input type="checkbox"/> NO Building Code compliance <input type="checkbox"/> YES <input type="checkbox"/> NO Fire Code Compliance <input type="checkbox"/> YES <input type="checkbox"/> NO Other (below) <input type="checkbox"/> YES <input type="checkbox"/> NO		Explain: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
Number of clients annually?			Average per day?			Population of Service Area:
Annual Operation Costs:						
Things you would have done differently, or suggested modifications:					Equipment (check all that apply): <input type="checkbox"/> Drum Crusher <input type="checkbox"/> Fork Lift <input type="checkbox"/> Oil Tank <input type="checkbox"/> Bulking <input type="checkbox"/> Drum Dolly <input type="checkbox"/> Other: Below	